

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14370

State File No.

FILED APR 26 1955

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| BIRTH NO. | | REG. DIST. NO. <u>324</u> | | PRIMARY REG. DIST. NO. <u>30720</u> | | Registrar's No. <u>74</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>SALINE</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARSHALL</u> | | c. LENGTH OF STAY (In this place) <u>48 HOURS</u> | | c. CITY OR TOWN <u>2801</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FITSGIBBONS HOSPITAL</u> | | | | e. STREET ADDRESS (If rural, give location) <u>4 MILES S.W. OF SWEET SPRINGS</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>META</u> | | b. (Middle) <u>-</u> | | c. (Last) <u>LOHMANN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 22 1955</u> | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u> | | 8. DATE OF BIRTH <u>DECEMBER 29, 1872</u> | |
| 9. AGE (In years last birthday) <u>82</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 10 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>CHRIS HEINS</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARGARET BREDEHOEFT</u> | | 14. NAME OF HUSBAND OR WIFE <u>JOHN LOHMAN</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ADOLPH LOHMAN - SWEET SPRINGS, MO.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertrophic heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic renal disease</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>20 years</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4340</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>7/20</u> <u>1955</u> to <u>4/22</u> <u>1955</u> , that I last saw the deceased alive on <u>4/22</u> <u>1955</u> , and that death occurred at <u>6:05 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. V. H. M.D.</u> | | | | 23b. ADDRESS <u>1111 N. Main St.</u> | | 23c. DATE SIGNED <u>4/23/55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>APRIL 25, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEM.</u> | | 24d. LOCATION (City, town, or county) (State) <u>SWEET SPRINGS, MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>Apr. 23. 55</u> | | REGISTRAR'S SIGNATURE <u>Cecil L. Read</u> | | 385 FEDERAL DIRECTOR'S SIGNATURE <u>Deputy L. F. Parker</u> | | ADDRESS <u>Sweet Springs, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 384

P. O. Address Sweet Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.